

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Received  
Official Use Only

COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS

Please type or print in ink.

NAME OF FILER

ROBERTS

(LAST)

By

APR 02 2012

(FIRST)

2012 MAR 27 PM 11 28

1. Office, Agency, or Court

Agency Name

SAN DIEGO COUNTY BOARD OF SUPERVISORS

Division, Board, Department, District, if applicable

FOURTH DISTRICT

Your Position

SUPERVISOR

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☒ County of SAN DIEGO

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed

26 MAR. 2012  
(month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS

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Official Use Only

COVER PAGE

COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) 2012 MAR 27 AM 11:28  
ROBERTS RON

1. Office, Agency, or Court

Agency Name

SAN DIEGO COUNTY BOARD OF SUPERVISORS

Division, Board, Department, District, if applicable

FOURTH DISTRICT

Your Position

SUPERVISOR

► If filing for multiple positions, list below or on an attachment.

Agency: SD Abandoned Vehicle Abatement (AVA)

Position: BOARD MEMBER

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☒ County of SAN DIEGO

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_\_

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

(c)(1)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

(c)(1)

Date Signed

26 MAR 2012

(month, day, year)

Signature

(c)(1)

(printing name, title, and official)

**SCHEDULE A-1**  
**Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

RON ROBERTS

► NAME OF BUSINESS ENTITY  
Motorola Inc.,

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Communications

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/11      \_\_\_\_/\_\_\_\_/11  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/11      \_\_\_\_/\_\_\_\_/11  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
Qualcomm Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Communications

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/11      \_\_\_\_/\_\_\_\_/11  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/11      \_\_\_\_/\_\_\_\_/11  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
Brooklyn Girl Eatery

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Restaurant

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock ☒ Other Limited Partner (Describe)  
☐ Partnership ☒ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
08 / 20 / 11      \_\_\_\_/\_\_\_\_/11  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/11      \_\_\_\_/\_\_\_\_/11  
ACQUIRED      DISPOSED

Comments:

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <b>RON ROBERTS</b>

► NAME OF SOURCE  
**Neighborhood Market Association**  
ADDRESS (Business Address Acceptable)  
**8923 La Mesa Blvd., 2nd Floor; La Mesa CA 91942**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 13 / 11	\$ 80.00	Exec. Chairman's
___ / ___ / ___	\$	Award
___ / ___ / ___	\$	

► NAME OF SOURCE  
**San Diego Natural History Museum**  
ADDRESS (Business Address Acceptable)  
**1788 El Prado; San Diego CA 92101**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 05 / 11	\$ 50.00	Dos Aguilas 2011
___ / ___ / ___	\$	
___ / ___ / ___	\$	

► NAME OF SOURCE  
**Boys and Girls Club of Greater San Diego**  
ADDRESS (Business Address Acceptable)  
**115 W. Woodward Ave.; Escondido CA 92025**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 13 / 11	\$ 50.00	Golden Achievement
___ / ___ / ___	\$	Award Dinner
___ / ___ / ___	\$	

► NAME OF SOURCE  
**Sycuan Casino**  
ADDRESS (Business Address Acceptable)  
**3007 Dehesa Rd.; El Cajon CA 92109**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 20 / 11	\$ 50.00	2011 Tribal Council
___ / ___ / ___	\$	Dinner
___ / ___ / ___	\$	

► NAME OF SOURCE  
**Roger Dougherty - Kaiser Permanente**  
ADDRESS (Business Address Acceptable)  
**4647 Zion Avenue; San Diego CA 92120**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 02 / 11	\$ 100.00	MS Golf Tournament
06 / 24 / 11	\$ 100.00	Dwntrn Partnshp Golf T
11 / 03 / 11	\$ 100.00	Chamber Golf Tourn.

► NAME OF SOURCE  
**Debbie Syverson**  
ADDRESS (Business Address Acceptable)  
**P.O. Box 181407; Coronado, CA 92178**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 26 / 11	\$ 100.00	Public Defenders Golf
___ / ___ / ___	\$	Tournament
___ / ___ / ___	\$	

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <b>RON ROBERTS</b>

► NAME OF SOURCE  
**Charles Company**  
ADDRESS (Business Address Acceptable)  
**9034 West Sunset Blv.; West Hollywood CA 90069**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 07 / 11	\$ 75.00	Dinner @ Roys Hawaii
/ /	\$	Fusion Cuisine
/ /	\$	

► NAME OF SOURCE  
**Hall of Champions**  
ADDRESS (Business Address Acceptable)  
**2131 Pan American Plaza; San Diego CA 92101**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 09 / 11	\$ 50.00	Coaching Legends
/ /	\$	Banquet
/ /	\$	

► NAME OF SOURCE  
**Rancho Santa Fe Association**  
ADDRESS (Business Address Acceptable)  
**17022 Avenida De Acacias; Rancho Santa Fe 92067**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 16 / 11	\$ 95.00	Holiday Gift Basket
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
**Bill Fontana**  
ADDRESS (Business Address Acceptable)  
**14060 Rancho Solana Trail; San Diego CA 92121**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 12 / 11	\$ 100.00	Pro Kids Golf Tourn.
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
**Navy Region South West**  
ADDRESS (Business Address Acceptable)  
**937 North Harbor Dr.; San Diego CA 92132**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 11 / 11	\$ 200.00	Basketball Game
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
**Elliot Feuerstein**  
ADDRESS (Business Address Acceptable)  
**8150 Mira Mesa Blvd.; San Diego CA 92126**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 29 / 11	\$ 79.00	Fruit for all seasons
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>RON ROBERTS</b>
---

► NAME OF SOURCE  
Pacific Life Holiday Bowl

ADDRESS (Business Address Acceptable)  
P.O. Box 601400; San Diego CA 92112-0551

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 28 / 11	\$ 100.00	VIP Tailgate Party
12 / 28 / 11	\$ 200.00	Holiday Bowl Game
___ / ___ / ___	\$ _____	2 tix's @ \$50 & \$100

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <b>RON ROBERTS</b>

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

<p>► NAME OF SOURCE <u>Ministry of Transportation</u></p> <p>ADDRESS (Business Address Acceptable) <u>Province of Mendoza</u></p> <p>CITY AND STATE <u>Mendoza, Argentina</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>Starting Passenger Rail, Purchase of used Rail Cars</u></p> <p>DATE(S): <u>03 / 04 / 11</u> - <u>03 / 09 / 11</u> AMT: \$ <u>7600.00</u> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description <u>Meetings in Mendoza re delivery of rail cars bought from MTS and consultation on rail system startup</u></p>	<p>► NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$____ (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description</p>
<p>► NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$____ (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description</p>	<p>► NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$____ (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description</p>

Comments: \_\_\_\_\_